

MEDICAL PLAN 206 ICS	1. INCIDENT NAME Buckweed Fire	2. DATE PREPARED 10/23/07	3. TIME PREPARED 2000	4. OPERATIONAL PERIOD 0600-1800 10-24-07
	5. INCIDENT MEDICAL AID STATIONS			

MEDICAL AID STATIONS	LOCATION	PARAMEDICS	
		YES	NO
Central Park	27150 Bouquet Canyon	X	

6. TRANSPORTATION

A. AMBULANCE SERVICES

NAME	LOCATION	PHONE	PARAMEDICS	
			YES	NO
AMR	Base	661-947-2173		X
LA Co FD MA135	Base	805-312-9113	X	
Air Squad	Through LACoFD Dispatch		X	

B. INCIDENT AMBULANCES

NAME	LOCATION	PARAMEDICS	
		YES	NO
See Ambulance Services Above			

7. HOSPITALS

NAME	ADDRESS	TRAVEL TIME		PHONE	HELIPAD		BURN CENTER	
		AIR	GRND		YES	NO	YES	NO
Henry Mayo (Trauma)	23845 McBean Parkway	5	15	661-255-2730		X		X
Holy Cross (Trauma)	15031 Rinaldi, Mission Hills	10	20	818-361-7341	X			X
Sherman Oaks (Burn)	4929 Van Nuys, Sherman Oaks	15	35	818-907-4570	X		X	

8. MEDICAL EMERGENCY PROCEDURES

LINE EMERGENCY

Crew Supervisor to contact Division Supervisor with complaint and Location.

- Division Supervisor Contacts:
Communications
Line EMT/Medic
- Communications will advise:
Medical Unit IC
Operations Comps/Claims
Safety Air Ops (if necessary)
- Division Supervisor will support medical needs.
- Operations to provide input to Medical Unit for transportation concerns.
- Medical Unit will dispatch ground or air ambulance as needed

BASE CAMP EMERGENCY

Contact Medical Unit with patient complaint/ condition and location. Medical Staff will respond to stabilize incident:

- Medical Unit contacts:
- Communications - Operations
- Safety - IC
- Comps/Claims - Crew Supervisor

INJURY REPORTING PROCEDURES

NATURE OF INJURY _____

LOCATION OF PATIENT _____

TREATMENT INITIATED _____

TRANSPORTATION REQUESTED BY: AIR ___ GROUND ___

POINT OF PICKUP _____

LAT _____ LONG _____

PATIENT UNIT ID _____

IS A EMT WITH PATIENT: YES ___ NO ___

AGE _____ SEX: MALE ___ FEMALE ___

ALL EMERGENCIES---Secure the area and identify witnesses for later investigation. Keep an accurate log of events – ICS 214.

206 ICS <small>FR</small>	9. PREPARED BY: (Medical Unit Leader)	10. REVIEWED BY: (Safety Officer)